

STATEMENT OF ECONOMIC INTERESTS
HUMAN RESOURCES
COVER PAGE

Date Received
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2013 APR -2 AM 11:05

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Martinez Julio

1. Office, Agency, or Court

Agency Name
State Controller's Office
Division, Board, Department, District, if applicable
Executive Office
Your Position
Director of Legislative Affairs

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☒ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☐ City of ☐ Other

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is / / , through December 31, 2012.
☐ **Leaving Office:** Date Left / /
(Check one)
☐ The period covered is January 1, 2012, through the date of leaving office.
☐ The period covered is / / , through the date of leaving office.
☐ **Assuming Office:** Date assumed / /
☐ **Candidate:** Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ **Schedule A-1 - Investments** - schedule attached
☐ **Schedule A-2 - Investments** - schedule attached
☐ **Schedule B - Real Property** - schedule attached
☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached
☒ **Schedule D - Income - Gifts** - schedule attached
☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached
-or-
☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
300 Capitol Mall, Room 1850 Sacramento CA 95757
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(916) 327-1091 jxmartinez@sco.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/01/2013
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Julio Martinez

► NAME OF SOURCE (Not an Acronym)

AT&T

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 1800, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Telecommunications Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 17 / 12	\$ 162	Concert tix
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Mattel, Inc.

ADDRESS (Business Address Acceptable)

333 Continental Blvd, M1-0806, El Segundo, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Toy Manufacturer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 18 / 12	\$ 10	Toy
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Comcast Corporation

ADDRESS (Business Address Acceptable)

1415 L Street, Suite 1200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Cable, entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 13 / 12	\$ 18	Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

AT&T

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 1800, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Telecommunications Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 27 / 12	\$ 162	Concert tix
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____